

Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
Waterbury, VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 241-2345  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 241-2358

November 18, 2011

Mr. David Silver, Administrator  
Newport Health Care Center  
148 Prouty Drive  
Newport, VT 05855-9821

Provider #: 475026

Dear Mr. Silver:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 19, 2011**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN  
Licensing Chief

PC:ne

Enclosure



NOV 14 2011

PRINTED: 10/31/2011  
FORM APPROVED  
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  475026	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  10/19/2011
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NAME OF PROVIDER OR SUPPLIER  NEWPORT HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 148 PROUTY DRIVE NEWPORT, VT 05855
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	INITIAL COMMENTS  The Division of Licensing and Protection conducted an unannounced onsite recertification survey from 10/17/11 to 10/19/11. There were regulatory violations as a result.	F 000		
F 272 SS=D	483.20(b)(1) COMPREHENSIVE ASSESSMENTS  The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.  A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and	F 272	The fall needs for resident #27 have been assessed by nursing and restorative. Restorative nursing will work with the resident on ambulation and balance. All residents with multiple falls will be assessed by nursing and restorative nursing to determine what type of intervention would be appropriate. DON will monitor on a weekly basis. QA will monitor on a quarterly basis.  F272 POC accepted 11/16/11 RTremblay RN / Pincot RN	11-16-11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  	TITLE Administrator	(X6) DATE 11/10/11
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 272	<p>Continued From page 1 Documentation of participation in assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to comprehensively assess the needs for 1 of 6 applicable residents in the stage 2 sample (Resident #27). Findings include:</p> <p>1. Per record review on 10/18/11 at 1:00 P.M., staff failed to assess fall needs for Resident # 27 who fell 5 times between 8/24/11 - 10/12/11. Per review of the Minimum Data Set (MDS) dated 8/4/11, the resident has unsteady balance and requires limited assist of 1 staff for most Activities of Daily Living (ADLs) including ambulation. There is no evidence in the clinical record that Resident # 27 was assessed by nursing, physical or occupational therapy for assistive devices to help with balance and ambulation. In a 10/18/11 1:45 P.M. interview, the Director of Nursing Services (DNS) confirmed that Resident # 27 had not been assessed for assistive devices and stated " I have no excuses or explanations but we probably should have done that".</p>	F 272		
F 282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of</p>	F 282		

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F 282

Continued From page 2  
care.

This REQUIREMENT is not met as evidenced by:  
Based on observation, medical record review and staff interview, the facility failed to provide services by qualified persons to 1 of 20 residents in the stage 2 sample. The findings include:

Per multiple observations of Resident # 1 on 10/17/2011 and 10/18/2011, s/he had a thick coating of material in the oral cavity and on the teeth. When Resident # 1 opened his/her mouth there was a very strong odor and stringy saliva was present on both upper and lower teeth.

Per record review on 10/18/2011 at 3:14 PM, there is no evidence in the medical record of a dental consult or any mention of oral/ dental concerns for Resident # 1. This is confirmed during interview with the Director of Nursing (DNS) on 10/19/2011 at 8:53 AM. The care plan dated, 07/11/2011 does direct the staff to do mouth care for the resident on a daily basis as part of personal hygiene needs.

The DNS further confirms during interview at 8:53 AM that the care plan states mouth care be done daily but is unable to say whether or not it is actually done. The supplies for mouth care are at the bedside. A licensed nursing assistant (LNA) reports during interview on 10/19/2011 at 10:30 AM that mouth care is done at least 2 times a day for Resident #1 and that toothettes soaked in mouthwash are used since a toothbrush is not an option. Resident # 1 is observed on 10/19/2011 at 10:45 am out of bed in a geri chair placed at

F 282

Resident #1 is receiving mouth care on each shift. Care plan has been updated to reflect this. Documentation on the resident treatment sheet is being done on a daily basis. All resident care plans have been updated to reflect daily mouth care. An in-service on importance and techniques of proper oral hygiene was held on November 3, 2011. DON will monitor on a monthly basis. QA will monitor on a quarterly basis.

*F282 POC accepted 11/16/11  
Rtremblay RN / Pincot RN*

*11-16-11*

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F 282	Continued From page 3 the nurses' station. There is a definite improvement in the overall appearance of Resident # 1 as compared to the other 2 days of survey.	F 282		
F 323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to assess and/or provide assistive devices to ensure 1 of 6 applicable residents (Resident # 27) in the stage 2 sample remain as free from accidents as possible. Findings include:</p> <p>Per record review on 10/18/11 at 1:00 P.M., staff failed to assess fall needs for Resident # 27 who fell 5 times between 8/24/11 - 10/12/11. Per review of the Minimum Data Set (MDS) dated 8/4/11, the resident has unsteady balance and requires limited assist of 1 staff for most Activities of Daily Living (ADLs). There is no evidence in the clinical record that Resident # 27 was assessed by nursing, physical or occupational therapy for assistive devices to help with balance and ambulation. In a 10/18/11 1:45 P.M. interview, the Director of Nursing Services (DNS)</p>	F 323	<p>Resident #27 has been assessed by nursing and restorative nursing on ambulation and balance. Restorative nursing will work with resident on use of a rolling walker.</p> <p>All residents with multiple falls will be assessed to determine if an assistive device would be beneficial.</p> <p>DON will monitor on a weekly basis. QA will monitor on a quarterly basis.</p> <p>F323 POC accepted 11/16/11 RTremblay RN / PwctorRN</p>	11-16-11

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F 323	Continued From page 4 confirmed that Resident # 27 had not been assessed for assistive devices and stated "I have no excuses or explanations but we probably should have done that".	F 323		
F 412 SS=D	483.55(b) ROUTINE/EMERGENCY DENTAL SERVICES IN NFS  The nursing facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine (to the extent covered under the State plan); and emergency dental services to meet the needs of each resident; must, if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and must promptly refer residents with lost or damaged dentures to a dentist.  This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview the facility failed to provide dental services for 1 of 20 residents (Resident # 1) in the Stage 2 sample. The findings include:  Per multiple observations of Resident # 1 on 10/17/2011 and 10/18/2011, s/he had a thick coating of material in the oral cavity and on the teeth. When Resident # 1 opened his/her mouth there was a very strong odor and stringy saliva was present on both upper and lower teeth. Per record review on 10/18/2011 at 3:14 PM, staff failed to provide for the oral care needs for Resident # 1. There is no evidence in the medical record of a dental consult or any mention of oral/ dental concerns for Resident # 1. This is confirmed during interview with the the Director of	F 412	A contract with a local dental group has been made for routine and emergency dental needs. An appointment will be made for a dental consultation for resident #1. Resident #1 is receiving extensive mouth care on every shift. All residents will be assessed to determine if a dental consult is indicated.  Appointments and transportation will be made by the social service director.  DON will monitor on a monthly basis. QA will monitor on a quarterly basis.  F412 pdc accepted 11/16/11 RTremblayRN/PMcLarn	11-25-11

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F 412 Continued From page 5  
Nursing Services (DNS) on 10/19/2011 at 8:53 AM.  
  
During interview on 10/19/2011 at 8:42 AM, the DNS reports that the facility has no dentist who sees residents on a regular basis and that the staff rely on family or residents to request the services of a dentist. The DNS further reports that Resident # 1 has not seen or had the option to refuse a dentist visit in over 10 years. This is supported in the documentation in the medical record.

F9999 FINAL OBSERVATIONS  
  
Per Vermont Licensing and Operating Rules for Nursing Homes December 15, 2001, 3.17 (e) " A facility shall report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the Vermont State Nurse Assistants Registry or the appropriate licensing authority and the licensing agency. Actions by a court of law which indicate unfitness for service include a charge of abuse, neglect or exploitation substantiated against an employee or conviction of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction within or outside the State of Vermont."  
(h) "The results of all investigation must be reported to the administrator or his or her designated representative and to the licensing agency in accordance with 33 V.S.A. Chapter 69, and if the alleged violation is verified, appropriate corrective action must taken."

This REQUIREMENT is NOT MET as evidenced

F 412  
  
F9999 A waiver was requested and granted by the Licensing Agency for the two employees with misdemeanor convictions.  
  
A waiver will be requested for any employee hired whose criminal record reveals a misdemeanor or felony.  
  
Human Resources will monitor on an individual basis.

F9999 POC accepted 11/16/11  
Rtremblay RN / P. M. O'NEILL

10-19-11

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NAME OF PROVIDER OR SUPPLIER

NEWPORT HEALTH CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

148 PROUTY DRIVE  
NEWPORT, VT 05855

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F9999	<p>Continued From page 6</p> <p>by:</p> <p>Based on record review and staff interview, the facility had on staff, 2 employees with criminal convictions, without evidence that the facility notified the state licensing agency. Findings include:</p> <p>Per record review of employee files on 10/18/11, the VCIC (Vermont Criminal Information Center) background check revealed misdemeanor convictions for 2 of 5 employee records reviewed. The Facility did not have a waiver from the Licensing Agency to retain these employees. Per interview on 10/18/11 at 4:30 PM. the Administrator confirmed that they had not applied for a variance to retain these two employees.</p>	F9999		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 475026	MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	DATE SURVEY COMPLETE: 10/19/2011
NAME OF PROVIDER OR SUPPLIER  NEWPORT HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 148 PROUTY DRIVE NEWPORT, VT		

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
F 247	<p>483.15(e)(2) RIGHT TO NOTICE BEFORE ROOM/ROOMMATE CHANGE</p> <p>A resident has the right to receive notice before the resident's room or roommate in the facility is changed.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interviews, the facility failed to notify one of forty residents in the sample (Resident #16) prior to a roommate change. Findings include:</p> <p>During an interview on 10/18/11 at 10:29 AM, Resident #16 indicated that s/he had not been notified prior to a roommate change in recent months. During an interview at 9:40 AM on 10/19/11, the Director of Nursing (DON) stated that a change of roommate notification at the facility includes a visit to the resident by the social worker, a phone call to the responsible party, and a social services note which documents the notification. A review of the social services notes in the medical record of Resident #16 showed no evidence of a roommate change notification for Resident #16. During the same interview, the DON confirmed that the medical record of Resident #16 contained no written evidence of a roommate change notification. At 10:00 AM on 10/19/11, the business office provided written documentation of 3 separate admissions assigned to Resident #16's room, dated 7/1/11, 8/22/11, and 9/29/11 for which there was no corresponding evidence of notification. Further review of the medical record revealed a written therapy note on 8/30/11 which described Resident #16 as "unsettled with the change in RM (roommate)".</p> <p>Resident #16 was told about roommate change but the documentation was not in place.</p> <p>A change of roommate notification will include:</p> <ol style="list-style-type: none"> <li>1) Verbal notification and documentation in nurses notes.</li> <li>2) Social Service Director visit and notification to responsible party. Documentaion in social service notes. DON will monitor all changes of roommate incidents.</li> </ol> <p style="text-align: right;">11/08/11</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of

The above isolated deficiencies pose no actual harm to the residents